

AUTHORITY: P. L. 107-110, NCLB Act, 2001

COMPLETION: Voluntary. (Failure to file will result in
loss of eligibility for funding.)Direct questions regarding this form to the
Office of Field Services at
(517) 373-6066.

Facsimile: (517) 335-2886

**2002-2003 TITLE III - LIMITED ENGLISH PROFICIENT GRANT PROGRAM:
Count of Eligible Limited English Proficient Students****--PART I: COUNT B**

EDUCATIONAL AGENCY	Legal Name of School District	District Code	Telephone - Area Code/Local No.
	Address of School District	City and Zip Code	Facsimile (A.C./No.)
	Contact Person	Telephone	Email:

MAILING INSTRUCTIONS:

One copy of this form **must** be RECEIVED at the STATE address shown above by OCTOBER 31, 2002 to be included in the allocation calculation.

1. DEFINITION OF LIMITED ENGLISH PROFICIENT CHILDREN in NO CHILD LEFT BEHIND:

The term **Limited English proficient**, when used with respect to an individual, means an individual

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in elementary school or secondary school;
- (C) (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)(a) who is a native American or Alaskan Native, or a native resident of the outlying areas; and
 - (b) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; **AND**
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual
 - (i) the ability to meet the State's proficient level of achievement on State assessments described in section 1111(b)(3);
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

2. ELIGIBLE APPLICANTS:

Local school districts, public school academies, intermediate school districts and consortia of these.

3. PROGRAM PURPOSE:

The speedy acquisition of English language proficiency using any research-based instructional approach that works.

CERTIFICATION:

I certify that the information submitted in this report is accurate.

SUPERINTENDENT _____ / _____ DATE _____
(Print or Type Name) Signature

TELEPHONE _____ FAX: _____
(A.C./LOCAL NUMBER) (A.C./LOCAL NUMBER)

CERTIFICATION FOR PARTICIPATION IN A CONSORTIUM

Certification of District Designated Administrative and Fiscal Agent for Title III

Legal Name of District	District Code	Name and Title of Authorized Representative	
Mailing Address (street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check "Yes" for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Certification of Participating District

Legal Name of District	District Code	Name of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check "Yes" for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Certification of Participating District

Legal Name of District	District Code	Name of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address	
Title III allocations for each participating district will be distributed to the authorized Fiscal Agent. Please check "Yes" for each program included in this consortium.		Title III LEP Consortium Yes ?	Title III Immigrant Consortium Yes ?

Duplicate this page as needed.

TITLE III – LIMITED ENGLISH PROFICIENT STUDENTS

(Duplicate this page as needed)

District: _____

District Code: _____

LEP students by home language or language background. Enter the number of LEP students by grade.

Language	Number of LEP students on the Fall 2002 Membership Count Day (September 25, 2002)													Total Students	Test(s) or Procedure(s) used to identify LEP students
	K	1	2	3	4	5	6	7	8	9	10	11	12		
															<input type="checkbox"/> English language proficiency test Test Name: _____ _____
															<input type="checkbox"/> Reading or Language Arts achievement test Test Name: _____ _____
															<input type="checkbox"/> Consultation between school and parent(s) for children in grades K-2
															<input type="checkbox"/> Home Language Survey or Home language questions on school enrollment application
Totals															

TITLE III – IMMIGRANT CHILDREN AND YOUTH

District: _____ **District Code:** _____

Definition (Section 3301): The term “immigrant children and youth” means individuals who

- (A) are aged 3 through 21;
- (B) were not born in any State; and
- (C) have not been attending one or more schools in any one or more states for more than 3 full academic years.

Allocation of Title III Immigrant funds is based on the immigrant student counts for the previous three years. If your district or PSA has applied for Title VII Emergency Immigrant funds previously and submitted immigrant student counts, that data will appear on the attached table and is to be transferred to the table below. Please provide immigrant student counts for all three years entering zero (0) for any of the three years in which your district had no immigrant students. For all future allocation of Title III funds, the LEP and immigrant student counts will be collected through the Single Record Student Database. This is the only year in which OFS will collect the data on paper.

School Year	1999-2000	2000-2001	2001-2002
Immigrant Students			

Title III Contact Person: _____

Contact Name (Please Print): _____

Phone: _____ Fax: _____

Email: _____